

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER 1ST AMENDMENT AFTER 2ND AMENDMENT

IND DEP IND DEP IND DEP

1					
2					
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13	/				
14	/				
15	/				
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51	3	
2							52	3	
3							53	3	
4							54	3	
5							55	3	
6							56	3	
7							57	3	
8							58	3	
9							59	3	
10							60	3	
11							61	1	
12							62	1	
13							63	3	
14							64	3	
15							65	3	
16							66	3	
17							67	3	
18							68	1	
19							69	1	
20							70	1	
21							71	1	
22							72	1	
23							73	1	
24							74	1	
25							75	1	
26							76	1	
27							77	1	
28							78	1	
29							79	1	
30							80	1	
31							81	1	
32							82	1	
33							83	1	
34							84	1	
35							85	1	
36							86	1	
37							87	1	
38							88	1	
39							89	1	
40							90	1	
41		1					91	1	
42	3						92	1	
43	3						93	1	
44	3						94	1	
45	1						95	1	
46	1						96	1	
47	3						97	1	
48	3						98	1	
49	3						99	1	
50	3						100	1	
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		